

## STATE OF SOUTH CAROLINA

## (Caption of Case)

Example: Application for a Class C Charter Certificate from  
John Doe dba Doe's Limo

Eric T. Davis

106 BLV Rd.

Sumter SC, 29154

BEFORE THE  
PUBLIC SERVICE COMMISSION  
OF SOUTH CAROLINA

## TRANSPORTATION COVER SHEET

DOCKET NUMBER: 2011 - 44 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Eric T. Davis

Telephone: 803-499-9616

Address: 106 BLV Rd.

Fax: 803-499-9616

Sumter SC,  
29154

Other: 803-778-0955

Email:

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

## NATURE OF ACTION (Check all that apply)

- ☐ Application - Class A/A Restricted
- ☒ Application - Class C Taxi *Request Expedited Service*
- ☐ Application - Class C Charter
- ☐ Application - Class C Charter Bus
- ☐ Application - Class C Non-Emergency
- ☐ Application - Class C Stretcher Van
- ☐ Application - Class E Household Goods
- ☐ Application - Class E Hazardous Waste
- ☐ Application
- ☐ Request for Extension to Comply with Order
- ☐ Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded
- ☐ Request for Cancellation of Certificate
- ☐ Request for Suspension
- ☐ Request for Reinstatement

- ☐ Request for Name Change on Certificate
- ☐ Request to Amend Scope of Authority
- ☐ Request to Amend Tariff (rate increase, etc.)
- ☐ Request to Amend Passenger Limit
- ☐ Request
- ☐ Exhibit
- ☐ Late-Filed Exhibit
- ☐ Letter
- ☐ Proposed Order
- ☐ Publisher's Affidavit
- ☐ Reservation Letter
- ☐ Response
- ☐ Return to Petition
- ☐ Other: \_\_\_\_\_

RECEIVED  
JAN 27 2011  
PSC SC  
CLERK'S OFFICE

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

Print Form

Reset Form

905

227824

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
 101 Executive Center Drive, Suite 100  
 Columbia, South Carolina 29210  
 (Mailing address: Post Office Drawer 11649, Columbia, SC 29211)

Phone: (803) 896-5100 Fax: (803) 896-5199

**APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR  
 OPERATION OF MOTOR VEHICLE CARRIER**

Date: 1-25-11

**CLASS C - TAXI**

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

Boulevard Taxi Express LLC

106 Blv Rd. Sumter SC 29154

Street Address of Applicant

106 Blv Rd. Sumter SC 29154

Mailing Address of Applicant if different from street address

803-499-9616

Phone

803-983-0381

Fax

803-499-9616

EazyTowing @ Yahoo.com

Email Address

2. If incorporated, a copy of Articles of Incorporation must be attached. (If incorporated outside of SC, attach SC Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

- ☐ Individual Owner/Sole Proprietorship  
☐ Partnership - List names and address of all person having an interest in the business.  
☐ Corporation - List names and addresses of two principal officers.

LLC

Eric T. Davis 5275 Borden Rd. Rembert  
SC 29128

Martha M. Davis

SAME

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

### BALANCE SHEET

Balance at Time Application is Filed:

Month 1 Year 11

#### Assets:

Cash	\$ 9,000.00
Receivables	
Real Estate	\$ 280,000.00
Buildings and Equipment (Net)	
Motor Vehicles (Net)	\$ 10,000.00
Garage Equipment (Net)	\$ 8,000.00
Machinery and Tools (Net)	\$ 14,000.00
Supplies on Hand	\$ 20,000.00
Prepays and Other Assets	
<b>Total Assets</b>	<b>\$ 323,000.00</b>
<b><u>Liabilities and Equity:</u></b>	
Accounts Payable	\$ 300.00
Notes Payable	\$ 275.00
Mortgages Payable	\$ 1,500.00
Equipment Obligations	<del>0</del>
Accrued Salaries and Wages	<del>0</del>
Other Accrued Obligations	\$ 220.00
Other Liabilities	<del>0</del>
<b>Total Liabilities</b>	
Capital Stock	<del>0</del>
Retained Earnings	<del>0</del>
<b>Total Equity</b>	<b>?</b>
<b>Total Liabilities and Equity</b>	<b>?</b>

**PROPOSED RATES AND CHARGES FOR SERVICE**

Maximum Proposed Rates and Charges for Service are as follows:

\$8.00 Per Car

Counties to be Served:

State wide

Maximum Number of Passengers per Vehicle:

7 People



**INSURANCE QUOTE**

This form **MUST BE COMPLETED AND SIGNED** by an **AUTHORIZED INSURANCE COMPANY REPRESENTATIVE**. The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested.

The following insurance quote is for:

Canal Ins. Co.

Name of Motor Carrier

P.O. Box 7 Greenville, SC 29602

Address of Motor Carrier

**Amount of Premium:****Limits Quoted: (See Below)**

Liability Insurance \$ 2,035

Limits 25,000 / 50,000 / 25,000

The above quoted premium is for a term of 12 months.

**Minimum Limits - Intrastate Only:**

1-7 Passengers \$ 25,000/50,000/25,000

8-15 Passengers \$ 25,000/100,000/25,000

Sedley Creek, LLC

Name of Insurance Company

106 Riv. Sumter SC 29154

Home Office Address of Company

I am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

1-29-11

Date

Norma Jo Smith

Authorized Insurance Company Representative's Signature

**NOTICE:**

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact Vickie Coker with the Department of Motor Vehicles at (803) 896-8457.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at [www.wcc.state.sc.us/self-insurance](http://www.wcc.state.sc.us/self-insurance).

**Exhibit FWA**

\_\_\_\_\_ { Baker's \_\_\_\_\_ }  
Name of Applicant

1. Are there currently any outstanding judgments against the Applicant?

☐ Yes ☒ No

If Yes, indicate nature of judgement(s) against applicant.

2. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☐ Yes ☐ No

3. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes ☐ No

**Exhibit on Driver Qualifications**

1. Applicant understands that all drivers must be a minimum of 18 years of age.

☒ Yes☐ No

2. Applicant understands that a certified copy of the driver's three (3) year driving record issued by the SC DMV and such record from the DMV of the state in which the driver is or has been domiciled for such period must be maintained in the Applicant's business office.

☒ Yes☐ No

3. Applicant understands that a criminal history background check from the state where the driver currently lives must be maintained in the Applicant's business office.

☒ Yes☐ No

4. Applicant understands that all drivers operating a vehicle under a Class C Taxi Certificate must have in their possession when operating a charter vehicle, a valid driver's license issued by the SC DMV or the current state of residence of the driver.

☒ Yes☐ No

5. Applicant understands that all Class C Taxi Certificate holders are prohibited from employing or leasing vehicles to drivers who are registered, or required to be registered, as sex offenders with the South Carolina State Law Enforcement Division or any national registry of sex offenders.

☒ Yes☐ No



PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
 POST OFFICE DRAWER 11649  
 COLUMBIA, SOUTH CAROLINA 29211

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Vol.26, S.C. Code Ann., 1976), and R.38-400 through 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol.23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

STATE OF SOUTH CAROLINA )

COUNTY OF )

Sumter

[Signature]

Applicant's Signature

I, [Signature] Sumter, P.S.  
 Name of Applicant's Representative Title

of [Signature] Sumter,  
 Applicant

the Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

[Signature]

Signature of Applicant's Representative

SWORN TO BEFORE ME  
 This 15th day of January, 2011

[Signature]  
 Notary Public

Commission Expires 5/12/12

# *The State of South Carolina*



*Office of Secretary of State Mark Hammond*

## **Certificate of Existence**

**I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:**

BOULEVARD TAXI EXPRESS LLC, A Limited Liability Company duly organized under the laws of the State of South Carolina on December 31st, 2010, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to section 33-44-809 of the South Carolina Code, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great  
Seal of the State of South Carolina this  
31st day of December, 2010.

A handwritten signature in cursive script that reads "Mark Hammond".  
Mark Hammond, Secretary of State

STATE OF SOUTH CAROLINA  
OFFICE OF REGULATORY STAFF  
TRANSPORTATION DEPARTMENT

**\* IMPORTANT CHANGES TO DECAL APPLICATION PROCESS \***

The Law requires that you secure licenses on or before July 1, 2009. Enforcement for the period July 1, 2009 through December 31, 2009 will begin July 1, 2009.

UNLESS YOU COMPLY WITH THE MOTOR CARRIER LAWS OF SOUTH CAROLINA AND THE RULES AND REGULATIONS ISSUED THEREUNDER BEFORE JULY 1, 2009, A RULE TO SHOW CAUSE ORDER WILL BE ISSUED AND COULD RESULT IN REVOCATION OF YOUR OPERATING CERTIFICATE.

Your correct name is on the enclosed forms to assist you in ordering your Last-Half Year 2009 License Decals. If you need additional forms, please copy the form with the correct name and remit for each vehicle. To determine your license fee(s), use the empty weight of your vehicle listed on the title or registration card.

Please destroy old decal(s) once you have secured the decal(s) for the new period.

**IMPORTANT CHANGE:** License decals may be purchased by submitting a business and/or personal check, money order, certified/cashier check or cash. All checks must be made payable to the Office of Regulatory Staff.

All completed applications and applicable fees should be mailed to:

State of South Carolina  
Office of Regulatory Staff  
Transportation Department  
1401 Main Street, Suite 900  
Columbia, SC 29201

If you need assistance in completing your license decal application, please contact the Transportation Department at (803) 737-0800.

Thank you for ordering your license decal(s) before June 15, 2009.

STATE OF SOUTH CAROLINA OFFICE OF REGULATORY STAFF  
TRANSPORTATION DEPARTMENT  
1401 MAIN STREET, SUITE 900  
COLUMBIA, S.C. 29201  
(803) 737-0800

**APPLICATION FOR LICENSE DECAL**

**INSTRUCTIONS:**

1. Motor Vehicle Carrier license fees are due and payable semiannually on or before January 1 and July 1 of each year. **BUSINESS AND/OR PERSONAL CHECKS, CASH, MONEY ORDER, CERTIFIED, OR CASHIER'S CHECK MUST BE PAYABLE TO THE OFFICE OF REGULATORY STAFF.**
2. All licenses issued for the first-half year will expire June 30; all licenses issued for last-half year will expire December 31.
3. Type or write plainly any changes or corrections. Fill this form out completely or it may delay decal processing.
4. Mail completed application and applicable fees to: SC Office of Regulatory Staff, 1401 Main Street, Suite 900, Columbia, SC 29201.
5. **NEW REQUIREMENT FOR CLASS C CHARTER MOTOR CARRIERS:** You are **REQUIRED** to complete the Owner of Vehicle Information. Applications received without the required information may be returned unprocessed.

CLASS

C-Taxi

Application is hereby made to the Office of Regulatory Staff of South Carolina, Columbia, SC, for license for the motor vehicle described in the following for the period ending

Certificate Holder:

Eric J. Davis

(Exact Name of Certificate Holder)

Boleward Tax: Express LLC

106 Biv Rd.

Mailing Address

Sumter SC 29154

City, State and Zip Code

Owner of Vehicle

Street Address if Different From Mailing Address

Boleward Tax: Express LLC

Name as Listed on the Title or Registration

City, State and Zip Code

Telephone No.

803-983-0381

Make of Vehicle

Ford Lincoln

**VEHICLE IDENTIFICATION**

Seating Capacity

7

Body Type

HD RS

VIN Number

4S1LNH83W5XY70115

Empty Weight

4015

Year Model

99

FEE

\$

\*\*\* IMPORTANT \*\*\* A current annual report and required insurance documents must be on file with the Office of Regulatory Staff before any decal(s) will be issued.

\*\*\* FARES OR CHARGES (List maximum rates only; mandatory to receive decal)

APPLICANT'S SIGNATURE:

E. J. Davis